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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN	
FOR			NUME	BER FILE	אטא (MBER EXTRA	RATE	FEE	7		7
BASIC FEE (37 CFR 1.16(a))							1	5_	- .	RATE	FEE
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=	1
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	<u> </u>	OR	TOTAL		
	C	CLAIMS	AS AM	IENDEC) – PART II						
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لــ	THOTTRESEN	TATION OF	MULTIPLE	E DEPEND	ENT CLAIM (37 C	CFR 1.16(d))	+ \$ =	ļ	OR	+ \$=	
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⋛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$=		OR	× \$=	
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1							+ \$=			+ \$=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL ADD'L FEE	í		TOTAL	

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFP, 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFP. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and or suggestions for require upon the individual case. Any comments and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO DET SETIO FEES OP COMPLETED FORMS TO THIS ADDRESS SEND TO. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.